

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83572855

GENERATOR NAME AND MAILING ADDRESS  
~~GENCO~~ OIL & SOLVENT PROCESS CO  
1704 W. FIRST ST  
AZUSA CA 91702

AREA CODE/PHONE NUMBER 818-884-5117

TRANSPORTER NO 1  
OIL & SOLVENT PROCESS CO  
1704 W. FIRST ST  
AZUSA, CA 91702

TRANSPORTER NO 2/ALTERNATE TSD FACILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY  
Omega Chemical Company  
12504 W. WHITTIER BLVD  
WHITTIER, CA. 90602  
AREA CODE/PHONE NUMBER 213-698-0991

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO TYPE

WASTE  
CAT NO

DISP  
METH

HAZARDOUS WASTE Liquid N.O.S. ORM-E NA91189 118918 G 140 DM 211 C1

COMPONENTS

CONC RANGE  
UPPER LOWER

UNITS  
% PPM

1.1. TRICHLOROTRIFLUOROETHANE

98

94

%

1.2. METHANOL/ETHANOL

2

0

%

1.3. WATER/DIRT/oil

2

6

%

SPECIAL HANDLING INSTRUCTIONS

GLOVES/GOGGLES yield 16,728 lbs  
OBSERVE ALL SAFETY Regulations

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature Roy Cammack Roy Cammack  
☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Mark Peckham  
Printed or typed full name and signature Mark Peckham

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR

04

24

84

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR

04

24

84

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number.  
See instructions. Omega Chemical

Jim BALLEW  
Printed or typed full name and signature Jim Ballew

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR

04

24

84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS